

# Physiotherapy education – what are the costs?

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There has been a shortage of physiotherapists since the introduction of the profession to Australia in the 1880s. Recognising the need for physiotherapists, by 1910 Victoria, New South Wales, and South Australia had commenced educational programs associated with their universities, followed later by Queensland, Western Australia, and the Australian Capital Territory (Chipchase et al 2006). Despite growth in education, the Department of Employment and Workplace Relations (2006) assessment is that the profession has been in national shortage for decades. These are in metropolitan hospitals, private sector clinics, and community health services, with more extreme shortages in rural and remote areas. Key specialist areas of practice in paediatrics, cardiorespiratory, critical care, and aged care are under stress, as are less attractive areas such as mental health. Private practice physiotherapists are concentrated where there are patients with the financial ability to pay, as public funding of private physiotherapy is limited to five visits per person per year through the Enhanced Primary Care program. Shortages create high workloads for those remaining, leading to stress and dissatisfaction, increasing staff turnover, burnout, and attrition.

To increase the workforce critical issues of resourcing education and the physiotherapists who contribute to education must be addressed. McMeeken et al (2005) reported, and the Productivity Commission report (2005) acknowledged, that many academic physiotherapists and clinicians contributing to education are working at extraordinary levels and for extended academic years in order to provide high quality learning experiences for their students. The educational process, particularly in the clinical environment, generally extends across the calendar year in contrast to the normal academic requirements of most university courses.

Policy encouragement from Government through additional health professional places in universities, and university and local state and community initiatives have increased the number of physiotherapy students. Within well-established universities there has been a steady rise in student numbers. Since 1996 the number of universities offering physiotherapy has grown from six to fourteen (McMeeken et al 2008) with 19 entry-level programs in Australia in 2008. Programs are in the planning stage or under consideration at five additional universities. With the underlying workforce shortages and increasing attrition it is not surprising that both long established and newer programs have been challenged to find sufficient experienced academic and clinical physiotherapists as leaders and to teach students. To manage more students universities have placed additional demands on clinicians, increased class sizes and the length of the teaching year, required academic staff to undertake more teaching sessions, and made greater use of information technology (McMeeken et al 2005).

## Costs of physiotherapy education

The problems of sustaining entry level education were highlighted by Crosbie et al in 2002. Since then the challenges have only increased. Physiotherapy programs

require appropriately qualified staff, infrastructure, and professional experiences to ensure that students meet the Australian Standards for Physiotherapy (2006), that the university program is accredited (Australian Physiotherapy Council 2008), and that graduates are eligible to register for practice. Biomedical and behavioural sciences are the foundation for physiotherapy clinical practice and the infrastructure costs for subjects such as anatomy, kinesiology, biomechanics, physiology, pathology and neuroscience are equivalent to that of medicine and science. Even with accelerated graduate entry programs most entrants, despite undertaking some study in the biosciences, require additional detailed anatomy and neurosciences.

Preparing students for clinical practice is labour intensive in the academic environment. High staff to student ratios are necessary to ensure effective and safe skill development prior to commencing clinical experience with patients.

Most clinical education occurs in publicly funded health facilities in which there has been a reduction in the relative numbers of staff available as educators (Anderson et al 2005, Department of Human Services 2007) and where there are growing demands: from recent graduates for their development, for evaluation of overseas qualified physiotherapists' experience, and for health assistant training. Clinical education of students was historically a part of the role of physiotherapists in public hospitals (Bentley 2006). Prior to the increases in student numbers and the additional pressures on the health sector of shorter hospital stays, rationalisation of staff, and sicker patients, this was probably feasible. But there are now clear needs and demands for additional resources (McMeeken 2006) as exemplified in the Australian Physiotherapy Association submission to the 2005 Productivity Commission Health Workforce Study:

*There is a huge amount of pressure placed on public hospital physiotherapy departments to provide undergraduates with the experience they need to be job ready. The system largely functions on the goodwill of clinicians and is unsustainable. (Nall 2005, p. 12.)*

Many clinicians have become increasingly dissatisfied with a 'voluntary' clinical education arrangement, leading to industrial problems in Queensland over the last three years. In some jurisdictions there is also concern regarding clinical education in private practice due to requirements of private health insurers and third party payers.

Strategies for increased efficiency in clinical education include consolidation of student experiences within Clinical Schools, university on-site physiotherapy clinics, and the replacement of some of the program with simulated patients and computer models (Blackstock and Jull 2007). A greater contribution from private practitioners is also required. Such innovations should be welcomed and supported by the profession. Nevertheless all are associated with costs that are not recognised in current funding for physiotherapy education.

## Resourcing physiotherapy education

For a halcyon period during the 1970s and early 1980s tertiary education was free for Australians. Prior to the 2007 election the Howard Federal Government reviewed its educational funding to universities making some changes to funding bands and increasing funds overall. The total funding for Commonwealth Supported Place (CSP) students comprises a Federal Government contribution, a contribution from students (Higher Education Contribution Scheme (HECS)), and for medicine and nursing an additional sum that is recognised as contributing to the cost of clinical education. As well as these cognate professional disciplines it is instructive to look at funding for science, where the cost of laboratory teaching is recognised. Whilst universities make independent decisions regarding funding allocations to disciplines, there are usually strong correlations with these federal funding models. As a result physiotherapy students contribute almost as much as medical students each year through their HECS fees – a disproportionate amount of the total funds.

Despite these additional government funds to universities, the reality was that the increase did not outweigh the under funding of the previous 30 years and the relativities between the disciplines remained unchanged.

This description of funding is simplistic and physiotherapy is further disadvantaged through another anomaly. Federal Government funding applies a formula that affects ongoing or 'pipeline' funding through a university course. The formula anticipates 25% attrition of physiotherapy students from their programs (based on the average of all university course attritions) although the annual attrition rate from physiotherapy is less than five per cent (McMeeken et al 2008). Substantially greater funding would be made available to universities for physiotherapy courses if the real annual attrition rate were used in calculations. In contrast, the Federal Government provides 100 per cent pipeline funding for medicine as though there was no attrition from their programs.

One mechanism to improve the resources available to universities is to offer full fee paying places. Heads of Physiotherapy Schools have indicated that the introduction of the graduate entry programs was initially to raise additional funds (personal communications). A further source of funds has been through offering undergraduate (and postgraduate) education to international students. The number of international students in Australian physiotherapy programs has grown substantially.

## What are the solutions?

Changes in physiotherapy education are occurring rapidly. It is timely for the profession to discuss its workforce requirements into the future and the development of the National Health Workforce Taskforce (2008) is welcomed. Nevertheless, the increased new graduate numbers will require employment if Australia is not to repeat the lack of workforce planning which has occurred recently in England (Chartered Society of Physiotherapy 2006). Whilst in Australia there is a real shortage of physiotherapists there appears to be a significant mismatch of perceptions of need in the public sector with the Department of Human Services, Victoria (2005) estimating it will only need 55 additional physiotherapists annually for its workforce and Victoria producing about 250 new graduates each year from 2008!

Whether Australian physiotherapy education should become all graduate entry to enable global movement in conjunction with the changes in New Zealand, North America and Europe requires the profession's consideration. Regardless of the changes afoot, the resolution of appropriate funding for physiotherapy education is urgent.

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